

FILED FEB 27 1950

DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

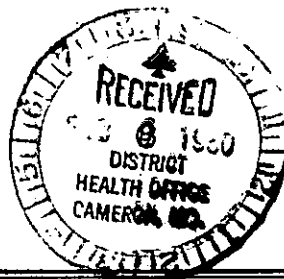
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State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4380</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arkoe</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arkoe</u>		<u>52 40</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Arkoe</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTIE</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Schneider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 27 50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>4/10/64</u>		9. AGE (In years last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dressmaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (State or foreign country) <u>Galesburg, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Alice K. Rant</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Schneider, Arkoe, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart attack</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>43-43</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>found dead near bed, at 4:15 P.M. Jan. 27, 1950</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 27 50 4:15</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Jan. 27, 19 50</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Earl M. Anderson, Sheriff</u>				23b. ADDRESS <u>Maryville Missouri</u>		23c. DATE SIGNED <u>1-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-4-50</u>		REGISTRAR'S SIGNATURE <u>Bessie Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pine Funeral Home Maryville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No: .....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clayton M. Price*

Licensed Embalmer No. *1822*

P. O. Address. *Manassas, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.